

UNITED STATES DISTRICT COURT
for the
Northern District of Ohio

Kimberly Roquemore, Individually and as the Administratrix of the Estate of Maalik Roquemore, Deceased)
Plaintiff(s))
v.)
Cuyahoga Metropolitan Housing Authority, et al.)
Defendant(s))

Civil Action No. 1:24-cv-01434

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) JEFFERY PATTERSON, CEO/SAFETY DIRECTOR,
CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT
8120 Kinsman Road
Cleveland, Ohio 44104

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

David B. Malik, Esq.
31320 Solon Road, Unit #19
Solon, Ohio 44139

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

SANDY OPACICH, CLERK OF COURT

8/22/2024

Date: _____

s/ A. Faluski

Signature of Clerk or Deputy Clerk



AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 1:24-cv-01434

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Jeffrey Patterson, CEO/Safety Director, Cuyahoga Metropolitan Housing Authority
 was received by me on *(date)* August 23, 2024.

- I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or
- I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or
- I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or
- I returned the summons unexecuted because _____; or
- Other *(specify)*: Via U.S. Certified Mail Return Receipt Requested; see attached Domestic Return Receipt

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 9/13/2024/s/ David B. Malik*Server's signature*David B. Malik, Attorney*Printed name and title*

31320 Solon Road, Unit 19, Solon, Ohio 44139
Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
8-28-24

Address different from item 1? Yes
Delivery address below: No

Jeffery Patterson, CEO/Safety Director, Cuyahoga
Metropolitan Housing Authority
8120 Kinsman Road
Cleveland, Ohio 44104



9590 9402 5725 9346 4588 60

2. Article Number (Transfer from service label)

2021 0350 0002 3011 0894

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee \$14.35		0391
\$		10
Extra Services & Fees (check box, add fees as appropriate)		10
<input type="checkbox"/> Return Receipt (hardcopy) \$ 0.00		10
<input type="checkbox"/> Return Receipt (electronic) \$ 0.00		10
<input type="checkbox"/> Certified Mail Restricted Delivery \$ 0.00		10
<input type="checkbox"/> Adult Signature Required \$ 0.00		10
<input type="checkbox"/> Adult Signature Restricted Delivery \$ 0.00		10
Postage \$2.87		10
\$		10
Total Postage and Fees \$17.22		10
<i>Jeffery Patterson</i>		10
Send To: <i>Jeffrey Patterson</i>		10
Street and Apt. No., City/Zip/Box No. <i>8120 Kinsman Rd</i>		10
City, State, Zip/45 <i>Cleveland OH 44104</i>		10

Postmark Here
USPS 23-2024
08/13/2024

See Reverse for Instructions

PS Form 3800, April 2015 PSN 7530-02-000-9047